

HEALTH AND WELFARE AGENCY CALIFORNIA ALCOHOL AND DRUG DATA SYSTEM

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS PARTICIPANT RECORD (PR)

CORRECTION/DELETION INSTRUCTION: To correct/delete a previously submitted PR form, enter the Form Serial Number of that form and your Provider ID, enter the new information in those items you wish to correct, or mark the deletion box to delete a previously submitted PR form.

☐ Correct Admission ☐ Correct Discharge ☐ Delete Admission ☐ Delete Discharge

1. CORRECTION/DELETION FORM SERIAL NUMBER

2. PROVIDER ID

Program County Facility ID

3. UNIQUE PARTICIPANT ID

Initials Sex Date of Birth
Last - First 1=male 2=female Month Day Year

4. PROVIDER'S PARTICIPANT ID (optional)

5. CODEPENDENT/SIGNIFICANT OTHER (If yes, complete items 1-16 only) (1=Yes 2=No)

6. RACE

01 White 02 Black/African-American 03 American Indian 04 Alaskan Native 05 Asian Indian 06 Cambodian 07 Chinese 08 Filipino 09 Guamanian 10 Hawaiian 11 Japanese 12 Korean 13 Laotian 14 Samoan 15 Vietnamese 16 Other Asian 17 Other Race

7. ETHNICITY

1 Not Hispanic 2 Mexican/Mexican American 3 Cuban 4 Puerto Rican 5 Other Hispanic/Latino

8. EMPLOYMENT STATUS

1 Employed Full Time (35 or more hours / week) 2 Employed Part Time (less than 35 hours / week) 3 Unemployed (looking for work) 4 Not in the labor force (not seeking employment)

9. HIGHEST SCHOOL GRADE COMPLETED (00-20, GED=12)

10. PRINCIPAL SOURCE OF REFERRAL

01 Individual (Includes self-referral) 02 Alcohol/Drug Abuse Care Program 03 Other Health Care Provider 04 School Education 05 Employer/EAP 06 Court/Criminal Justice 07 12-Step Mutual Aid (AA, Al-Anon, etc.) 08 Other Community Referral 09 SACPA Court/Probation 10 SACPA Parole

11. IS THIS PERSON CURRENTLY PREGNANT? (1=Yes 2=No)

12. LEGAL STATUS

1 Not Applicable 2 Under parole supervision by CDC 3 On parole from any other jurisdiction 4 On probation from any federal, state or local jurisdiction 5 Admitted under diversion from any court 6 Incarcerated

•If participating in a special Parolee Services Network project, please enter the participant's CDC number in boxes 1-6 of Coded Remarks.

13. DISABILITY IMPAIRMENT (Enter the codes for up to three impairments; if no impairment, enter "1".)

1 NONE 2 Visual 3 Hearing 4 Speech 5 Mobility 6 Mental 7 Developmentally Disabled 8 Other

DISCHARGE INFORMATION

28. DATE OF DISCHARGE (Last face-to-face treatment/recovery service)

Month Day Year

29. DISCHARGE STATUS

1 Completed treatment/recovery plan, goals 2 Left before completion- with satisfactory progress 3 Left before completion- with unsatisfactory progress 4 Referred or transferred for further drug/alcohol treatment/recovery

30. EMPLOYMENT STATUS (Use codes for item 8)

31. ALCOHOL/DRUG PROBLEM (Use codes for item 19)

Primary Secondary Tertiary

32. WAS THIS PARTICIPANT PREGNANT ANYTIME DURING THIS TREATMENT/RECOVERY EPISODE?

14. DATE OF ADMISSION

Month Day Year

15. TRANSACTION TYPE 1=Initial Admission; 2=Transfer or Change in Service

16. TYPE OF SERVICE

Non-residential/Outpatient:

1 Treatment/Recovery
2 Day Program-Intensive
3 Detoxification

Residential:

4 Detoxification (Hospital)
5 Detoxification (Non-hospital)
6 Treatment/Recovery (30 days or less)
7 Treatment/Recovery (31 days or more)

17. MEDICATION PRESCRIBED 1=None, 2=Methadone, 3=Other

18. NUMBER OF PRIOR EPISODES IN ANY ALCOHOL OR DRUG TREATMENT/RECOVERY PROGRAM (ENTER 0-9)

19. ALCOHOL / DRUG PROBLEM (Enter codes 01-22 in the corresponding sections below)

01 Heroin 02 Alcohol 03 Barbiturates 04 Other Sedatives of Hypnotics 05 Methamphetamine 06 Other Amphetamines 07 Other Stimulants 08 Cocaine / Crack 09 Marijuana / Hashish 10 PCP 11 Other Hallucinogens 12 Tranquilizers (Benzodiazepine) 13 Other Tranquilizers 14 Non-prescription Methadone 15 Other Opiates and Synthetics 16 Inhalants 17 Over-the-Counter 21 Other (specify) 22 None

20. USUAL ROUTE OF ADMINISTRATION (Enter codes 1-5 in the corresponding sections below)

1 Oral
2 Smoking
3 Inhalation
4 Injection (IV or intramuscular)
5 Other

21. FREQUENCY OF USE (Enter codes 1-5 in the corresponding sections below).

1 No past month use
2 1-3 times in past month
3 1-2 times per week
4 3-6 times per week
5 Daily

Question #	Primary	Secondary	Tertiary
19. ALCOHOL / DRUG PROBLEM			
20. USUAL ROUTE OF ADMINISTRATION			
21. FREQUENCY OF USE			
22. AGE OF FIRST USE / ALCOHOL INTOXICATION			

Instructions
• Age of First Use- Primary must be at least 5 years old.
• If Secondary Alcohol/Drug Problem is NONE (22), leave Secondary Route, Frequency and Age blank.

23. HAS THIS PARTICIPANT USED NEEDLES DURING THE PAST TWELVE MONTHS (1=Yes 2=No)

24. SPECIAL SERVICES / CONTRACT

OPTIONAL DATA ITEMS

25. HAS THIS PARTICIPANT EVER BEEN DIAGNOSED AS ALSO HAVING A CHRONIC MENTAL ILLNESS? (1=Yes 2=No)

26. IS THIS PARTICIPANT HOMELESS? (1=Yes 2=No)

27. ZIP CODE OF PARTICIPANT'S CURRENT RESIDENCE

CODED REMARKS: BOXES 1-23 FOR STATE USE; BOXES 24-46 FOR LOCAL USE.

(CDC ID) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 (PSN)

(MEDI-CAL) 17 18 19 20 21 22 23 (CalWORKS) 24 25 26 27 28 29 30

31 32 33 34 35 37 38 39 40 41 42 43 44 45 46 47

INSTRUCTIONS FOR CADDs ADMISSION AND DISCHARGE CORRECTIONS

To correct a CADDs admission or discharge record after the original form has been submitted and processed:

1. Check one of the boxes on the upper left-hand side to show whether you are correcting an admission or a discharge. Do not use the "Delete" boxes.
2. Complete Item 1 - write the Form Serial Number that is on the original admission or discharge record you want to correct.
3. Complete Item 2 - write your CADDs Provider ID (Program, County, and Facility).
4. Complete only the data item(s) that need to be corrected. For example, if only the Date of Birth needs to be corrected, you would write the month, day, and year of the birth in Item 3 and leave the rest of the form blank.
5. Submit the correction form with your next monthly CADDs reports.

All corrections must be submitted on a blue correction form. After a discharge and admission are matched in the CADDs system, data cannot be corrected.

Codependent Corrections

To change an admission from codependent "Yes" to "No":

1. Follow the first three steps listed above.
2. Complete Item 5 with "2" (not a codependent).
3. Complete Items 17 through 24. This information may have been completed on the original CADDs admission form, but only Items 1 through 16 are processed for codependent admission records.